



**RICHMOND**  
THE AMERICAN INTERNATIONAL  
**UNIVERSITY**  
IN LONDON

## Office of the Registrar

Queens Road, Richmond, TW10 6JP, UK  
Tel. +44 (0)20 8332 8201 Fax: +44 (0)20 8332 3050

# Transcript Request Form

Full name: \_\_\_\_\_ Richmond ID number (if known): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Approximate dates of attendance: \_\_\_\_\_

Contact telephone number/E-mail address: \_\_\_\_\_

**Official transcripts can be sent directly from Richmond or released to students in sealed envelopes**

*Current Students: Send now:*  *Hold for final grades:*  *Hold until degree confirmed:*

Number of transcripts: \_\_\_\_ to be collected/mailed to: \_\_\_\_\_  
Contact name/dept: \_\_\_\_\_

Name of University (if applicable): \_\_\_\_\_

Full postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check box if you require DHL:  \_\_\_\_\_

**N.B. If requesting DHL, please provide a telephone number for the ADDRESSEE:** \_\_\_\_\_

**Student's signature (students must sign to authorise the release of transcripts):** \_\_\_\_\_

For office use only	Received:	Paid:	Sent:

**Fee per transcript (cash or card only): £5.00; additional fee for DHL express mail service (per ADDRESS): £15.00**

Total number of transcripts requested: \_\_\_\_\_ Total fee to pay: \_\_\_\_\_

Type of card (we do not accept Discover, American Express, or Diners Club cards): \_\_\_\_\_

Name as shown on card: \_\_\_\_\_

Billing address \_\_\_\_\_

Number: \_\_\_\_\_ Issue number if using Switch or Solo: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*CARD DETAILS WILL BE DESTROYED ONCE PAYMENT HAS BEEN MADE*